

**Educational Surrogate Parent Application**

**For Specific Child ONLY**

If you are applying to be serve as an educational surrogate parent volunteer for *unknown children*, please fill out the Educational Surrogate Parent Application, available on the Maine Department of Education website.

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| Name: | Address: |
| DOB: | City: |
| Phone 1: | State/zip: |
| Phone 2: | Email: |
| Employer: | Work email: |

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| --- | --- |
| Child’s name: | Child’s DOB: |
| Relationship to child: | |

Maine Educational Surrogate Parent Confidentiality Agreement

I agree to have access to relevant educational records with an understanding of the confidentiality of materials. Under no circumstances shall I duplicate, disseminate or verbalize to unauthorized persons any information regarding the child/student I represent.

I fully understand that access to these records and knowledge of the material is only for the purpose of implementing and maintaining a child/student’s Individualized Family Services Plan (IFSP) or Individualized Education Program (IEP). I understand that every citizen has the right to privacy. I understand that the educational records are to be considered personal and private, and should, in no way, be used in a prejudicial or judgmental manner.

Date:

Signature:

**Please return application to:**

Maine Department of Education

Surrogate Parent Program

23 State House Station

Augusta, ME 04333-0023.

Telephone: (207) 624-6643

Email: [tracy.w.whitlock@maine.gov](mailto:tracy.w.whitlock@maine.gov)

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| FOR OFFICE USE ONLY | |
| Application received: | Surrogate Parent ID #:  Date: |
| Recommended by: Title:  Phone: Email: | |
| Notes: | |